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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and bene	enefits received under the Social Security Act.	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
_	Spouse Speech Spouse Salary	\$1,000 NA
STEVE CHABOT ATTORNEY AT LAW	LEGAL FEES	15,450
ST, XAVIER HILH SCHOOL	SPOUSE SALARY	NA

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SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2010	\$2,000
	i		

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1 9	INDUSTRIES INC.	172 Z	IN ABOVE SCHMABIRA	ACTUANT CORP COM STOCK	CHARLES SCHWAD + CO. (IRA)	JT 1st Bank of Paducah, KY Accounts		SP, Sp Mega Corp. Stock	For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (<i>i.e.</i> , plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire-	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other	Asset and/or Income Source
×	*	×	*	×	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$500,001 - \$500,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	A B C D E F G H I J K	year and is included only because it generated income, the value should be "None."	If an asset was sold during the reporting	method other than fair market value, please specify the method used.	Indicate value of asset at close of reporting year. If you use a valuation	Value of Asset
×	×	×	×	×	×	×		×	NONE DIVIDENDS RENT		disclose if the ass ing the n	Dividends,	that gi	Check retirem	
							Royalties	×	INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		disclosed as income. Check "None" if the asset generated no income during the reporting period.	may cneck the "None" column. Dividends, interest, and capital	that generate tax-deferred income (such as 401(k) plans or IRAs), you	Check all columns that apply. For retirement accounts that do not allow the choose specific investments or	ncome
×	×	×	X	*				× × × × × × × × × × × × × × × × × × ×	CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income		wen in relievested, must be disclosed as income. Check "None" even if reinvested, must be disclosed set generated no income duras income. Check "None" if no income porting period. Was earned or generated.		as 401(k) plans or IRAs), you the "None" column. For all c		ncome

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN) CHABOT

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																					SP, DC,	
	K-5WIST INC 11 11	6ULF (SLAN) 11 11	آء ا	ENCORE (BRIAME) ENBURY) " "	DAKTRONIKS " "	4	BIO REE LABS COM STOP	اتر		15.7	MER) RETI	2 02 TO 00	S FUN)	JANUJ FUND IRA	ATVANTAGE BANK CO.	1	POK AC	MME	COM STAC	CHARLES STANDS + CO		BLOCK A Asset and/or Income Source
X	×	*	×	×	×	X	×	×	×	*	X		×	X	*	×	×	×	×	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$500,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,000 - \$1,000,000 \$1,0	BLOCK B Year-End Value of Asset
X	7	X	X	X	X	R	X							X	×	×	×	×	X	X	\$5,000,001 - \$25,000,000	
	*			X			×														CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income
		X	X		*	×									×	×	×	χ 	X	*	\$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500	BLOCK D Amount of Income
		5 5 5 5 5 5 5 7 7																			Over \$5,000,000 ≚	BLOCK E Transaction

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) S ş ဌ SIGNATION INTLINC Asset and/or income Source MUCTI COLOR CORP MATRY SERV CORP MERIT MED SYST ME) ACT IN)S **BLOCK A** CON = -~ ~ None 81 - \$1,000 · O \$1,001 - \$15,000 \$15,001-550,000 Value of Asset \$50,001 - \$100,000 Year-End BLOCK B \$250,001 - \$500,000 \$1,000,001 - \$5,000,000 ㅈ \$25,000,001 - \$50,000,000 Over 550 000 000 NONE DIMIDENDS RENT Interest 😁 of Income BLOCK C Type **CAPITAL GAINS** EXCEPTED/BUND TRUST Other Type of Income Name (Specify: e.g., Partnership Income or Farm Income) $|\mathsf{x}|$ None \$1 -- \$200 A Amount of Income \$201 - \$1,000 \$1,001 - \$2,500 BLOCK D \$2,501 - \$5,000 CHABOT \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 $\overline{\mathbf{x}}$ \$1,000,001 - \$5,000,000 ≚ Over \$5,000,000 Page. Transaction BLOCK E 0 поъ <u>o</u> 0

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SCHEDULE IV— TRANSACTIONS

Name STEVEN) CHABOT

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														WITH REW FROM SCHWAB MAN ACCT	CASHED IN C) A DVANTAGE BANK	CASHE) IN C) CHEVICE B+L	Example: Mega Corpo	SP, DC, JT Asset	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate if a "nartial sale"). See example below	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000, include transactions that
																			PURC	IASE		of Tr
														×	×	×	×		SALE			Type of Transaction
														,					EXCH	NGE		tion
																			Check B Gain Ex	ox if C ceeded	apital I \$200	
														5/28/10	9/7/10	7/7/10	10-12-10		Bi-weekly, if applicable	Ouarterly,	(MO/DAY/YR)	Date
																			\$1,001- \$15,000		>	
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L	_]							<u> </u>			<u> </u>	<u> </u>	<u> </u>				L		\$50,000,	000	<u>-</u>	

SCHEDULE V— LIABILITIES

Name STEVEN) CHABOT

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

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Example: Fi		
Creditor First Bank of Wilmington, DE		
Mo/Year May 1998	Liability	Par
998 ear	₹ •	_
Type of Liability Mortgage on 123 Main St., Dover, DE		
\$10,001- \$15,000	A	
\$15,001- \$50,000	В	
\$50,001- \$100,000	ဂ	
× \$100,001- \$250,000	D	Amou
\$250,001- \$500,000 \$500,001-	m	nt of I
\$1,000,000 \$1,000,000		Amount of Liability
\$5,000,000 \$5,000,000) *	y
\$25,000,00 \$25,000,00	00 – 01-	
\$50,000,00 Over \$50,000,00		

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
NONE		

Name
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2		Z	z	Z	None
	Aug. 6–11	DC—Los Angeles—Cleveland	Y	~	¥	2 Days
ANON						
				:		

SCHEDULE VIII—POSITIONS

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Noxe	Position	Name of Organization
	ANONE	

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

	MA)	DK 250	
	MAY "40-)EC.	1) WID 198	Date
	" ")EFBLR	PEC 95-94 OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS)	Parties To
	AFTER 55 OR UPON RETIREMENT	UPON RETILEMENT	Terms of Agreement